

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591680

FILING DATE

01 MAY 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		dep		/		
4		dep		/		
5		dep		/		
6		dep		/		
7		dep		/		
8	/		/			
9		/		/		
10		2		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15	/		/			
16	/		/			
17	/		/			
18		/		/		
19	/		/			
20		/		/		
21	/		/			
22		/		/		
23		2		/		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	28	←	48	←		←
TOTAL CLAIMS	40		60			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						